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C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment

Pandemic Influenza Plan

Public Health Region 3

Signed: _____ Date: 1-17-08

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PANDEMIC INFLUENZA

I. INTRODUCTION

A. An Influenza pandemic is an outbreak of a novel Influenza virus that has worldwide consequences. Influenza pandemics present special requirements for disease surveillance, rapid delivery of vaccines and antiviral drugs, allocation of limited medical resources, and expansion of health care services to meet a surge in demand for care.

B. Pandemics occur in the following six phases defined by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC): **Interpandemic Period** (Phases 1 and 2), **Pandemic Alert Period** (Phases 3, 4, and 5), and **Pandemic Period** (Phase 6). Distinguishing characteristics of each phase are described below. The phases will be identified and declared at the national level for the purposes of consistency, comparability, and coordination of response.

C. The World Health Organization has developed a global influenza preparedness plan, which defines the stages of a pandemic, outlines the role of WHO, and makes recommendations for national measures before and during a pandemic.

The distinction between **phases 1** and **2** is based on the risk of human infection or disease resulting from circulating strains in animals.
The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread, and other scientific parameters.

The distinction among **phases 3**, **4,** and **5** is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and other scientific parameters.

In order to describe its approach to the pandemic response, the federal government characterized the stages of an outbreak in terms of the immediate and specific threat a pandemic virus poses to the United States population. The chart below shows the relationship of the federal government response to the WHO Phases and the appearance of the disease in the United States.

Additionally, SC DHEC further breaks down the WHO Phases/Federal Government Response Stages to define the appearance of the pandemic virus in or near South Carolina. This breakdown is used particularly to trigger SC DHEC epidemiological and community containment responses.

D. Planning guidance and assumptions are based on information provided by the U. S. Department of Health and Human Services in the "HHS Pandemic Influenza Plan – November 2005", by the Homeland Security Council in the "National Strategy for Pandemic Influenza Implementation Plan" and by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) in the "Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions."

The WHO phases, related Federal Government stages and South Carolina sub-phases are:

WHO Global Pandemic Phases and the Stages for Federal Government Response and Corresponding South Carolina Response

WHO Phases		Federal Government Response Stages	
Inter Pandemic Period			
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	**0**	New domestic animal outbreak in at-risk country
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
Pandemic Alert Period			
3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	**0**	New domestic animal outbreak in at-risk country
		1	Suspected human outbreak overseas
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.		
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	**2**	Confirmed human outbreak overseas
Pandemic Period			
	Pandemic phase: increased and sustained transmission in general population	**3**	Widespread human outbreaks in multiple locations overseas First human case in North America
6		**4**	*a. First case in CDC Region IV*, but not in South Carolina* Spread throughout United States
		5	*a. First case in South Carolina* *b. Localized clusters in South Carolina* *c. Widespread cases in South Carolina*
		6	Recovery and preparation for subsequent waves

**CDC Region IV states include: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.*

The four traditional phases of emergency management can be matched with the six phases of a pandemic in the following way:

1. *Preparedness* Interpandemic (Phases 1 and 2)

2. *Response* Pandemic Alert (Phases 3, 4 and 5)
   Pandemic (Phase 6)

3. *Recovery* Pandemic Over and Interpandemic (Phases 1 and 2)

4. *Mitigation* Interpandemic (primarily) (Phases 1 and 2)

D. In addition to the planning recommendations using WHO pandemic phases, the US Centers for Disease Control and Prevention has issued a planning document that outlines a Pandemic Severity Index (PSI), characterizing the possible severity of a pandemic. The index uses case fatality ratio as the critical driver for categorizing the severity of a pandemic. In this index, pandemics will be assigned to one of five discrete categories of increasing severity (Category 1 to Category 5).

Pandemic Severity Index (PSI)

Category of Pandemic	Case Fatality Ratio	Projected Number of Deaths, SC Estimated Population 2006 (4,321,249)
Category 5	> 2.0%	> 25,928
Category 4	1.0 - < 2.0%	12,964 - < 25,928
Category 3	0.5 - < 1.0%	6,482 - < 12,964
Category 2	0.1 - <0.5%	1,296 - < 6,482
Category 1	< 0.1%	< 1,296

Per CDC interim Pre-pandemic Planning Guidance, these figures assume a 30% illness rate and unmitigated pandemic without interventions

The interim guidance in which this index was submitted provides planning recommendations for specific community containment interventions that may be used for a given level of pandemic severity. Planning considerations included in this document are based on the possible severity of the event.

E. Assistance in response to an influenza pandemic consists of health and medical resources, including transportation assets, temporarily realigned from established programs having coordination or direct service capability for communication of medical information, disease surveillance, vaccine delivery, distribution of medications, public health authority and disease control. In the event of a public health emergency and the Emergency Health Powers Act is enacted, the South Carolina Department of Health and Environmental Control (SCDHEC) becomes the Public Health Authority.

1. COMMUNICATION OF MEDICAL INFORMATION refers to both the information flow within the public health community and the provision of critical information to the public. Appropriate and timely messages to the public are an essential element of Community Containment.

2. DISEASE SURVEILLANCE refers to the voluntary and required systematic reporting and analysis of signs, symptoms, and other pertinent indicators of illness to identify disease and characterize its transmission.

3. VACCINE PROGRAMS refers to acquisition, allocation, distribution, and administration of influenza vaccine, and monitoring the safety and effectiveness of influenza vaccinations. Vaccine programs are established as part of community containment measures.

4. DISTRIBUTION OF MEDICATIONS AND OTHER CDC APPROVED COUNTERMEASURES refers to the acquisition,
apportionment, and dispensing of pharmaceuticals (other than vaccines) and other countermeasures such as personal protective equipment, IV fluids and ventilators to lessen the impact of the disease and also to minimize secondary infection. This includes strategies involving both antiviral medications and antibiotics. These strategies are used as part of community containment measures.

5. PUBLIC HEALTH AUTHORITY AND DISEASE CONTROL refers to the aspects of pandemic response requiring executive decisions and recommendations for social distancing, such as:

   a. ordering and enforcing *quarantine*, which is the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious;

   b. ordering and enforcing *isolation*, which is the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness;

   c. ordering the release of medical information for epidemiological investigation;

   d. expanding or lifting regulations and licensure requirements to allow for the expansion of medical services;

   e. ordering expansion of medical services under emergency conditions;

   f. issuing other lawful directives in support of the response;

   g. recommending other or additional non-pharmaceutical containment strategies and other measures applied to an entire community or region, designed to reduce personal interactions and thereby transmission risk;

   h. recommending closings for school and public institutions.

II. MISSION

The mission is to prepare individuals, families, businesses, organizations, schools, industries, and public safety in Region 3 for a pandemic influenza event. This plan is an annex of the SCDHEC Region 3

Mass Casualty Plan. This annex identifies critical influenza pandemic response functions and assigns responsibilities for those functions within Region 3.

III. SITUATION AND ASSUMPTIONS

A. Situation

1. Vaccination of susceptible individuals is the primary means to prevent disease and death from influenza during an epidemic or pandemic.

2. The State's established vaccine delivery infrastructure consists of 46 county health departments, 20 community health centers, approximately 1700 private physicians' offices (primarily pediatric practices), birthing hospitals, and universities with health centers or schools of medicine or nursing.

3. In the event of a pandemic, the Advisory Committee on Immunization Practices, a federal entity, will publish recommendations to state immunization programs on the use of the pandemic vaccine and priority groups for immunization. These recommendations will be distributed from SCDHEC Central Office to SCDHEC Region 3 as national guidelines as soon as possible. The expectation will be that these guidelines will be followed by the Region in order to ensure a consistent and equitable program.

4. The U.S. Department of Health and Human Services (USDHHS), Centers for Disease Control and Prevention will control the allocation and distribution of influenza vaccine to the states during a pandemic period.

5. The South Carolina Department of Health and Environmental Control will control the allocation and distribution of influenza vaccine to Region 3 and will implement specific Advisory Committee on Immunization Practices recommendations regarding priority groups for immunization.

6. SCDHEC – Region 3 will control the allocation and distribution of influenza vaccine to each county health department and will implement specific Advisory Committee on Immunization Practices recommendations regarding priority groups for immunization.

B. Assumptions

1. Susceptibility to the pandemic influenza subtype will be universal.

2. All persons will lack immunity and will likely require two doses of the influenza vaccine.

3. After receipt of the influenza vaccine, the goal is to vaccinate the entire population of South Carolina over a period of four months on a continuous, prioritized basis.

4. When influenza vaccine becomes available, initial supplies will not be sufficient to immunize the whole population and prioritization for vaccine administration will be necessary.

5. County health departments, pharmacies, work place, military facilities, and colleges and universities within Region 3, will be the predominant locations for influenza vaccine administration during the first month of vaccine availability. A reduction or cessation of other public health programs may be necessary in order to provide supplemental personnel for specific immunization job actions.

6. South Carolina's health care workers, emergency response workers, medical examiners, funeral directors, and morticians will face a sudden and massive demand for services and a possible 40% attrition of essential personnel.

7. The projected peak transmission period for a pandemic influenza outbreak will be 6 to 8 weeks. At least two pandemic disease waves are likely. Following the pandemic, the new viral subtype is likely to continue circulating and to contribute to seasonal influenza.

8. Considering South Carolina's estimated 2006 population of 4,321,249 and based on a population attack rate of 15-40%, South Carolina could anticipate between 648,187 and 1,728,500 cases of influenza during the peak transmission period. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak. Based on Region 3's estimated 2006 population of 945,496, the region could anticipate between 141,824 and 378,198 cases during the peak transmission period.

9. On average, infected persons will transmit infection to approximately two other people.

10. Of those who become ill with influenza, 50% will seek outpatient medical care. Every primary care physician in South Carolina will see over 25 extra patients per day during the peek transmission period. Depending on the severity of the pandemic, the numbers of persons seeking outpatient medical care in South Carolina could range from 324,094 to 864,250. In Region 3, the numbers could range from 70,912 to 189,099.

11. Statewide hospitalizations due to influenza and influenza-related complications may reach 14,622 based on a clinical attack rate of 25%, using FluSurge 2.0 Model (range 7,200 – 16,800 persons). The elderly and those with chronic medical conditions could account for most of these admissions. Hospitalizations in Region 3 may reach 3,667 (range 1,274 – 4,482 persons). (This information is based on estimated 2005 population because 2006 data not available.)

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12. South Carolina may experience a range of deaths from 1,296 for a Pandemic Severity Level of 1 to over 25,928 deaths in a Severity Level of 5. Based on Region 3's estimated 2006 population, the region could experience a range of deaths from 284 for a Pandemic Severity Level of 1 to over 5673 deaths in a Severity Level of 5.

13. The number of hospital beds and the level of mortuary services available to manage the consequences of an influenza pandemic will be inadequate.

14. Antiviral medications may play a significant role in disease control operations. However, supplies will be limited.

IV. CONCEPT OF OPERATIONS

A. The Department of Health and Environmental Control is responsible for the coordination of all Public Health measures in South Carolina, including coordination of Emergency Support Function-8 (Health and Medical Services). Beyond the traditional scope of medical care outlined in the Health and Medical Services Emergency Support Function (Annex 8), the priorities in an Influenza Pandemic response will be: communication of medical information, disease surveillance, vaccine delivery, distribution of medications, public health authority, disease control, and recommendations for community containment measures. In Region 3, the Department of Health and Environmental Control has primary responsibility for Health and Medical response in Newberry and Richland Counties. The Department of Health and Environmental Control has support responsibility in Chester, Fairfield, Lancaster, Lexington, and York counties. Operating under the Emergency Health Powers Act (EHPA), Region 3 has responsibility for Health and Medical response for Chester, Fairfield, Lancaster, Lexington, Newberry, Richland and York counties. The EHPA is enacted when the governor in consultation with the Public Health Emergency Plan Committee declares a state of public health emergency.

B. Certain key actions may be accomplished in these priority areas during each phase of an Influenza Pandemic. The following sections will discuss activation of the plan, local response to a pandemic, community containment measures and will give specific details on activities to be accomplished by phases during a pandemic.

C. Activation

This plan discusses many public health activities such as disease surveillance that are conducted during normal operations. The progression of small disease outbreaks into larger pandemics is tracked by the World Health Organization, the health organizations of other nations and the Centers for Disease Control and Prevention. South Carolina also participates in influenza monitoring and surveillance systems. SCDHEC's Division of Acute Disease Epidemiology tracks disease outbreaks and provides follow-up. The Centers for Disease Control and Prevention will identify, confirm and communicate to SCDHEC officials South Carolina's pandemic phase status. Certain actions described in this plan will be taken by the relevant agencies before activation of the State Emergency Operations Plan. Full activation of this plan and activation of the State Emergency Response Team would be made in accordance with procedures outlined in the Basic Plan from the Region 3 Mass Casualty Response Plan.

D. Local Response

Local Response to Pandemic Influenza is discussed in detail in respective municipal and county Emergency Operations Plans. The primary actions and logistics requirements at the local level are supported in this plan. Primary actions at the local level would include: communication of medical information, disease surveillance, vaccine delivery, distribution of medications, implementation of public health authority, disease control, and implementation of community containment measures, including school closings.

E. Community Containment

1. Introduction

For each Pandemic Phase, non-pharmaceutical measures to limit the spread of disease in the general community are outlined. Pharmaceutical measures are included as containment strategies in the appropriate phases. The non-pharmaceutical containment measures include (but are not limited to) isolation, quarantine, infection control, and recommendations for community-based activity restrictions, including school closings. Additionally, planning for pre-event and event messages is included as part of community containment measures. Community containment measures as appropriate for each pandemic phase and pandemic severity level are included in the Public Health Authority and Disease Control sections of the plan.

2. Definitions

Isolation is the separation and confinement of individuals known or suspected (via signs, symptoms, or laboratory criteria) to be infected with a contagious disease to prevent them from transmitting disease to others. Voluntary isolation of the ill at home (adults and children) will be recommended for all severity levels of a pandemic.

Quarantine is the physical separation, including restriction of movement, of populations or groups of healthy people who have been potentially exposed to a contagious disease, or to efforts to segregate these persons within specified geographic areas. Individual quarantine control measures are most likely to be used primarily during the Pandemic Alert (Phases 4 and 5). Planning for this will include working with community partners to review steps involved in establishing and maintaining quarantine facilities and procedures. Voluntary quarantine of household members in homes with ill persons (adults and children) during Phase 6 may be considered if the PSI is 2 or 3 and may be recommended if the PSI is 4 or 5.

Infection control protects individuals from coming in direct contact with infectious materials or agents to limit transmission and include physical barriers (e.g. masks, gloves), hygiene (e.g. respiratory and hand hygiene), and disinfection measures.

Community-based activity restrictions (also referred to as "**social distancing**") increase distance between members of a community by restricting or limiting public gatherings, public events, or group activities. Certain measures may be beneficial and practical when there is a larger number of cases and more extensive or severe viral

transmission. In such settings, individual-level measures may no longer be effective or practical. To maximize their effectiveness, a combination of non-pharmaceutical measures tailored to the epidemiologic context of each pandemic phase and severity level will be considered for recommendation.

3. Community Containment Strategies

Communication of medical and preparedness information is a key factor in the success of any community containment measures. Development of the messages to prepare communities for implementation of individual and community control measures begins in the Interpandemic (Phases 1 and 2) and continues through the end of the Pandemic (Phase 6). Messages should address how individual actions (hand washing, covering coughs, staying home when ill) and community efforts (school closings, telecommuting) can help reduce disease transmission.

Community containment measures during Phases 1 and 2 include planning efforts related to influenza prevention and control, a major part of which is communication of medical and preparedness information.

During Phase 3, response efforts include development of the recommendations for isolation and quarantine that are deemed medically and legally appropriate for each pandemic severity level. The recommendations should address:

1) symptomatic persons with travel risk factors or contact with others having travel risk factors (history of travel to a country with a novel virus subtype or novel strain of influenza documented in poultry, wild birds, and/or humans) or having occupational risk);

2) those with culture confirmed and identified novel strain and;

3) symptomatic persons that are not yet confirmed.

Although individual containment measures may have limited impact in preventing the transmission of pandemic influenza (given the likely characteristics of a novel influenza virus), they may have great effectiveness with a less efficiently transmitted virus and may slow disease spread and buy time for vaccine development.

Used primarily in Phase 4 and possibly 5, quarantine of individuals may include family members, work or schoolmates, and healthcare workers exposed to an infected or potentially infected person. The individuals remain separated from others for a specified period during which the individual is regularly assessed for signs and symptoms of disease. This may be appropriate in situations in which the risk of exposure and subsequent development of disease is high and the risk of delayed recognition of symptoms is moderate. Persons in quarantine who experience fever, respiratory, or other early influenza symptoms require immediate evaluation by a healthcare provider.

Another initial containment measure that may be considered for implementation early in a pandemic is the targeted prophylaxis of disease clusters in an effort to slow the spread of the disease in the state. This intervention includes the investigation of disease clusters, administration of antiviral treatment to persons with confirmed or suspected pandemic influenza, and the provision of drug prophylaxis to all likely exposed persons in the affected community. This intervention may be useful upon the recognition of the first cases or introduction in South Carolina, especially in a closed community.

In Phase 6 for PSI of 4 and 5 when there is sustained novel influenza virus transmission in an area of the state, with a large number of cases without clear epidemiologic links to other cases, focused measures to increase social distance and restrict community-wide activities would be considered. This may include selective use of group quarantine early in the pandemic when the scope of the outbreak is local and limited exposure may slow the geographic spread. At this time, individual isolation and quarantine are much less likely to have a disease control impact and likely would not be feasible to implement because of shortages in public health to track information and to verify monitoring and appropriate actions based on their findings. Additionally, there may be a shortage of law enforcement to help enforce isolation and quarantine orders.

In Phase 6, planning and implementation efforts should address community-based activity restrictions for pandemics with a PSI of 2 or greater. Efforts emphasizing what individuals can do to reduce their risk of infection, which may be more effective disease control tools. For all pandemic severity levels, communication of medical information should include recommendations for home care of those with pandemic influenza.

Measures that may be considered for implementation for all pandemic severity levels that affect communities include:

1) Promotion of community-wide infection control measures (e.g. respiratory hygiene and cough etiquette);

2) "Stay Home Days" (asking everyone to stay home for an initial 10-day period, with final decisions on duration based on an epidemiological and social assessment of the situation) and self-isolation;

Measures that may be considered for implementation for pandemic severity levels of 2 and greater that affect communities include:

1) Closure of schools and cancellation of school-based activities, and closure of out-of-home child care programs and reduction of out-of-school social contacts and community mixing.

2) Social distancing measures such as postponement or cancellation of public gatherings such as sports events, theater performances, concerts, faith based gatherings, and modifications of work place schedules and distancing practices.

Measures that may be considered for implementation for pandemic severity levels of 4 and 5 that affect communities include:

1) Closure of office buildings, shopping centers and malls, schools and out-of-home childcare, and public transportation.

In Phase 6 of a pandemic, recovery-focused messages should be provided to the public.

In the Post Pandemic Phase, the decision to discontinue community-level measures will balance the need to lift individual movement restrictions against community health and safety. Premature removal of containment strategies can increase the risk of additional transmission. Generally, considerations will be made to withdraw the most stringent or disruptive measures first.

The following sections discuss state and regional actions triggered by certain phases of an influenza pandemic.

WHO Inter Pandemic Period Phases 1 and 2 USG Response Stage 0

F. WHO Inter Pandemic Period Phases 1 and 2/USG Response Stage 0

1. Communication of Medical Information

a. Communicate health advisories, alerts and updates through the Health Alert Network (HAN).

b. Communicate educational messages regarding influenza prevention, surveillance, and other recommendations to the media and the public.

2. Disease Surveillance

a. Conduct Outpatient Influenza-Like Illness Sentinel Provider Surveillance, which is voluntary participation by South Carolina health care providers in the influenza-like
illnesses surveillance, under the guidance of the Centers for Disease Control and Prevention. During influenza season (October through mid-May), sentinel healthcare providers report the total number of patients with influenza-like illnesses symptoms seen each week.

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b. Conduct Sentinel Laboratory Surveillance for viral isolates.
The Department of Health and Environmental Control, Bureau of Laboratories maintains the Laboratory Influenza Surveillance Program, under the guidance of the Centers for Disease Control and Prevention. Participating institutions

(physicians, colleges, hospitals and local health departments) submit influenza culture specimens for viral isolation and typing. Commercial and private clinical laboratories in South Carolina are required by law to report influenza viral isolates from South Carolina residents to the Department of Health and Environmental Control.

c. Conduct Rapid Diagnostic Testing Surveillance. Hospitals and private healthcare providers report positive rapid flu tests to the Department of Health and Environmental Control. Rapid flu test reports include influenza virus type detected and the numbers of patients testing positive. Positive rapid flu test reporting to the Department of Health and Environmental Control is required by South Carolina law.

3. Vaccine Programs

a. Develop plans for storage, distribution, and administration of pandemic influenza vaccine through public health and other providers to nationally defined high-priority target groups – these plans should include:

1) mass immunization clinic capability within Public Health Region 3;

2) locations of clinics (e.g., county health departments, pharmacies, work place, military facilities, colleges and universities);

3) vaccine storage capability, including current and potential contingency depots for both county and region-level storage;

4) numbers of staff needed to run mass immunization clinics;

5) procedures to deploy staff from other areas, from within and outside public health, to assist in immunization;

6) advanced discussions with professional organizations regarding tasks outside routine job descriptions during a pandemic;

7) training for deployed staff; and

8) measures to be taken to prevent distribution to persons other than those in the targeted population groups.

b. Determine how receipt of vaccine will be recorded and how a two-dose immunization program would be implemented in terms of necessary recall and record keeping procedures.

c. Determine the number of people within Public Health Region 3 who fall within each of the targeted population groups for vaccination.

d. Coordinate with SCDHEC Central Office to verify capacity of suppliers for direct shipping of vaccine and other medications to County Health Departments and local hospitals.

e. Develop plans for vaccine security:

1) during transport,

2) during storage, and

3) at clinics.

f. Coordinate proposed vaccine distribution plans with bordering Public Health Regions and equivalent agencies in bordering States.

g. Compile Regional Surveillance Data and report to SCDHEC Central Office to assist in enhancing Vaccine Adverse Event Surveillance.

h. Determine what information needs to be collected and how this will be done, to facilitate evaluation of pandemic influenza vaccine program activities in the post-pandemic period (including socio-economic evaluations).

4. Distribution of Medication and other CDC Approved Countermeasures:

a. Develop Pandemic Influenza Antiviral Distribution Plan in coordination with the State Pandemic Influenza plan and the State and Region SNS plan.

b. In the event of a pandemic influenza, will obtain and maintain via Unified Command a current inventory of available antiviral medication and other pandemic influenza countermeasures and medical equipment/supplies of health care providers (i.e. hospitals, clinics, pharmacies)

c. Establish Memoranda of Agreement (MOA) with agencies, organizations and individuals capable of providing assistance in obtaining and distributing medication and other pandemic influenza countermeasures.

d. Develop plans for the distribution and dispensing of Pandemic influenza antivirals and other CDC approved countermeasures in conjunction with the SNS assets.

5. Public Health Authority and Disease Control:

a. Establish plans for diverting patients who require supportive but not advanced level care to non-traditional care facilities known in Region 3 as Alternate Care Sites (ACS).

b. Establish and maintain a database of ACS's and services to which patients could be diverted during a pandemic. Communicate information to the public about the appropriate use of personal protective devices like disposable masks that could be used during a pandemic.

d. Identify risk groups by potential risk of exposure as defined by SCDHEC Central Office and follow guidelines and recommendations for the use of personal protective equipment by individual risk group or potential exposure setting.

e. Recruit medical volunteers through the Medical Reserve Corps (MRC) for provision of care and vaccine administration to augment medical, nursing, and other healthcare staffing. Volunteer activities for disease containment will include administering antivirals or vaccinations.

f. Coordinate Public Health Orders and plans with bordering states, including isolation and quarantine orders and recommendations and orders related to social distancing and community containment measures.

g. Confirm that supporting county and local plans incorporate the capability to employ the recommended disease containment activities.

WHO Pandemic Alert Period Phase 3 USG Response Stage 0 and 1

G. WHO Pandemic Alert Period Phase 3/USG Response Stage 0 and 1

1. Communication of Medical Information – Communications are the same as in preparedness phase, with the addition of the following:

a. Communicate with regional stakeholders, partners, and healthcare providers regarding enhanced surveillance.

b. Communicate with regional stakeholders and partners regarding actions to be taken if a person presents with severe respiratory signs and symptoms and a travel history from a high-risk global area.

c. Communicate risk communication messages and provide educational programs to improve public understanding of the dangers of pandemic influenza and the benefits of community-wide disease control practices, including social distancing measures.

2. Disease Surveillance – Sentinel provider, sentinel lab and rapid influenza test surveillance activities will continue as in preparedness phase, with the addition of the following:

    a. Enhance avian influenza surveillance.

    b. Inform regional health care providers of the latest clinical and epidemiologic risk factors through the Health Alert Network.

    c. SCDHEC Central Office will upgrade suspected human cases of avian influenza to an "urgently reportable condition."

    d. SCDHEC Central Office will expand viral isolate and syndromic surveillance reporting requirement to year-round reporting.

    e. Follow enhanced surveillance protocols that will include participation of stakeholders and partners, once novel strain identified in the U.S.

    f. SCDHEC and State Department of Education (SDE) work collaboratively on development of Regional Memoranda of Agreement between Local Education Agencies and SCDHEC Region 3 for enhanced epi surveillance of school absences.

3. Vaccine Programs – Promote pneumococcal vaccination of high-risk groups to reduce the incidence and severity of secondary bacterial pneumonia.

4. Distribution of Medication and other CDC Approved Countermeasures.

    a. Confirm current inventory of available medication of health care providers (i.e. hospitals, clinics, pharmacies).

    b. Prepare to activate memoranda of agreement with agencies, organizations and individuals capable of providing assistance in obtaining and distributing medication.

    c. If necessary, modify plans for the distribution of medications and other medical materials.

5. Public Health Authority and Disease Control.

    a. Review response plans.

    b. Confirm that notification lists are current for local agencies, the medical community, and decision makers.

    c. Confirm that the database for the Health Alert Network is current.

d. Communicate messages developed by SCDHEC Central Office for home care of pandemic influenza patients.

WHO Pandemic Alert Period Phase 4 USG Response Stage 2

H. WHO Pandemic Alert Period Phase 4/USG Response Stage 2

1. Communication of Medical Information

a. Communications and education to health care providers, the media and the general public same as in Pandemic Alert Phase 3.

b. Also, receive and communicate influenza isolation and quarantine guidelines and social distancing measures.

2. Disease Surveillance – Surveillance activities, including enhanced surveillance, are the same as in Pandemic Alert Phase 3, with the addition of the following:

a. Upon notice of a suspect case of pandemic influenza, proceed with surveillance and case investigation of suspect case, including laboratory confirmation of diagnosis, as well as close contact investigation.

b. SCDHEC and State Department of Education continue development and testing of mechanisms for enhanced epi surveillance of school absences.

3. Vaccine Programs

a. Conduct initial availability assessment of supplies (e.g., syringes, adrenalin, and sharps disposal units), equipment
and locations potentially required for a vaccine-based response (i.e., mass immunization clinics).

b. Develop a list to include Medical Reserve Corps of currently qualified vaccinators and sources of potential vaccinators.

c. Review educational materials concerning administration of vaccines and update as needed.

d. Collaborate on national and international vaccine development initiatives.

4. Distribution of Medication and other CDC Approved Countermeasures – Activities continue as in Pandemic Alert Phase 3.

5. Public Health Authority and Disease Control.

   a. Communicate disease prevention, control, and containment guidelines for physicians providing care during a pandemic to address the provision of basic medical treatment in non-hospital settings.

   b. Communicate clinical guidelines for physicians and Emergency Medical Services personnel to direct patients to the appropriate level of care based on their clinical presentation.

   c. Communicate processes for patient assessment, communication between facilities, and direction of patients to available beds.

   d. Coordinate, through Unified Medical Command (UMC), triage logistics with hospitals and Emergency Medical Services (EMS) including patient assessment, communication between facilities, and direction of patients to available beds.

   e. Communicate any recommended employment of isolation and quarantine practices as deemed medically and legally appropriate.

   f. Provide consultation and support on animal issues which impact public health and coordinate with Animal Emergency Response Agencies regarding culling infected animal populations or other animal disease containment activities during a pandemic.

WHO Pandemic Alert Period Phase 5	**USG Response Stage 2**

I. WHO Pandemic Alert Period Phase 5/USG Response Stage 2

1. Communication of Medical Information – Communication to health care providers, the media and the general public is the same as in the Pandemic Alert Phase 4.

2. Disease Surveillance –

   a. Community surveillance activities are the same as in the Pandemic Alert Phases 3 and 4.

   b. SCDHEC and State Department of Education begin enhanced surveillance of school student and faculty absences, ability to operate administratively, and situationally determined epi assessments.

3. Vaccine Programs

a. Review and modify if necessary, plans for storage, distribution, and administration of pandemic influenza vaccine through public health and other providers to high-priority target groups.

b. Ensure staff is trained and infrastructure is in place to record immunizations, including requirements for a two-dose immunization program (i.e., recall and record keeping procedures).

c. Review estimates of the number of people who fall within each of the targeted population groups for vaccination (i.e., high-risk groups, health care workers, emergency service workers, specific age groups).

4. Distribution of Medication and other CDC Approved Countermeasures.

a. SCDHEC Central Office will determine the most clinically effective and cost-effective strategies for use of antiviral drugs incorporating CDC guidance and priority groups.

b. Communicate to providers who have signed the MOA with Region 3 if and when the state government:

1) authorizes the release of the joint state/federal purchased antivirals;

2) begins shipment of the SC allocation of federally purchased antivirals and other CDC approved countermeasures;

3) determines commercially available supplies are sufficient.

c. As necessary, distribute antivirals and other CDC approved countermeasures in accordance with the Pandemic Influenza Antiviral Distribution plan and the SNS plan.

d. If appropriate, activate Memoranda of Agreement with agencies, organizations and individuals capable of providing assistance during a pandemic influenza.

5. Public Health Authority and Disease Control.

a. Coordinate disease control activities with vaccination activities to ensure vaccination of essential workers and population who are either at high risk of spreading the influenza virus or who provide essential community services.

b. SCDHEC Central Office will advise the Governor and Regional Health Directors on:

1) the most appropriate community-based infection control methods during the time period when no vaccines are yet available,

2) school closures (per recommendation from school closure executive committee),

3) the most appropriate distribution priorities and systems during time when there is insufficient supply of vaccines and prioritization of distribution is necessary; and

4) the most appropriate uses of antiviral drugs during the time before vaccine is available.

5) the projected demand for health and medical care services.

6) whether the threat of a public health emergency, as defined in Section 44-4-130, is imminent.

Region 3 will communicate information to appropriate partners through UMC.

c. SCDHEC Central Office will authorize required isolation and quarantine practices, as deemed medically and legally appropriate.

WHO Pandemic Period Phase 6	**USG Response Stages 3,4,5** **SC Response 4a, 5a, b, c**

J. WHO Pandemic Period Phase 6 /USG Response Stages 3, 4, 5 (SC Response 4a, 5a, b, c)

1. Communication of Medical Information

a. Communication to health care providers, the media and the general public is the same as in Pandemic Alert Phase 5.

b. Also, communicate precautions needed for disposal of deceased persons.

2. Disease Surveillance

a. No epidemiologic investigations will take place due to resource depletion of epidemiologic staff. Continue community and school surveillance activities in any Local Education Agencies in which schools remain open or are re-opened and stop epidemiological investigations when adequate numbers of staff are no longer available to pursue investigations.

b. After first wave, prepare for resumption of enhanced surveillance of student and faculty/staff absenteeism.

3. Vaccine Programs

a. General

1) Request vaccine if necessary.

2) Review and modify if necessary, plans for vaccine security (i.e., during transport, storage, and clinic administration).

b. When vaccine is available:

1) Activate immunization clinic capability.

2) Implement streamlined Vaccine Adverse Event surveillance.

3) Arrange for direct shipping of vaccine to public health clinics if possible.

4) Communicate with bordering regions and like facilities in bordering states to facilitate awareness of the vaccine distribution plan and coordination of efforts as much as possible.

5) Collect and compile reports of total people immunized with one or two doses.

6) Monitor vaccine supply, demand, distribution, and uptake.

7) Recruit trained immunization staff, where available, to augment regular staff in affected areas.

c. End of first wave:

1) Expand vaccine programs to cover population not yet immunized.

2) Summarize and report coverage data (with one or two doses) and Vaccine Adverse Event data.

3) Report vaccine efficacy.

4) Continue Vaccine Adverse Event surveillance.

5) Restock supplies and resume routine programs.

6) Review and revise policies, procedures, and standing orders used during the mass immunization campaigns.

4. Distribution of Medication and other CDC Approved Countermeasures

a. Request as necessary, from ESF-8 in the State Emergency Operations Center (SEOC), antiviral medication and other approved countermeasures.

b. Assist with the coordination of the distribution of the antiviral medication and other approved countermeasures.

5. Public Health Authority and Disease Control.

a. Dependent on the severity of the pandemic, implement restrictions on travel, trade, and large public gatherings. For pandemic severity level 5 or 6, non-essential businesses that may result in large congregations of people may be closed. Schools and other public meetings will be closed or suspended for extended periods of time.

b. Individual isolation and quarantine may be authorized and employed.

c. Enforce isolation and quarantine measures.

d. Implement orders for expansion of medical care under emergency conditions.

WHO Pandemic Period Phase 6	**USG Response Stages 3, 4, 5, 6 SC Response 4a, 5a, b, c**

K. Second Wave/WHO Pandemic Period Phase 6/USG Response Stages 3, 4, 5, 6 (SC Response 4a, 5a, b, c).

Activities will continue as under First Wave WHO Pandemic Period Phase 6/USG Response Stages 3, 4, 5, 6 (SC Response 4a, 5a, b, c).

WHO Inter Pandemic Period Phases 1 and 2	**USG Response Stage 0**

L. Pandemic Over/WHO Inter Pandemic Period Phases 1 and 2/USG Response Stage 0

1. Communication of Medical Information – Communicate to medical community, the media and the general public regarding decreasing trend of influenza attack rates data.

2. Disease Surveillance – Support studies of morbidity and mortality data, attack rates in South Carolina.

3. Vaccine Programs – Replenish medical supplies and initiate resumption of routine programs.

4. Distribution of Medication and other CDC Approved Countermeasures – Replenish medical supplies and initiate resumption of routine programs.

5. Public Health Authority and Disease Control - Follow recommendations from DHEC Central Office to lift/revoke public health orders that are no longer necessary. The Emergency Health Powers Act will be deactivated when the Governor in consultation with the Public Health Emergency Plan Committee declares that there is no longer a state of public health emergency.

WHO Inter Pandemic Period Phases 1 and 2 USG Response Stage 0

M. Mitigation/WHO Inter Pandemic Period Phases 1 and 2/USG Response Stage 0

1. Communication of Medical Information

   a. Communicate with the medical community, stakeholders, the media, and the general public regarding decreasing trend of influenza attack rates.

   b. Communicate the lifting or revocation of public health orders which are no longer necessary to the affected populations through the Joint Information System.

2. Disease Surveillance – Support studies of morbidity and mortality data, attack rates in South Carolina.

3. Vaccine Programs

   a. Review, evaluate, and take measures to improve or enhance respective roles.

   b. Assist in evaluations of the pandemic influenza response capacities and coordinated activities.

4. Distribution of Medication and other CDC Approved Countermeasures – Review, evaluate, and take corrective action to improve or enhance respective roles.

5. Public Health Authority and Disease Control

   a. Evaluate effectiveness of statutory and regulatory authorities related to pandemic response.

   b. Evaluate effectiveness of school closings, if any, and impact versus value of closings.

c. Recommend specific efforts to amend statutory and regulatory authorities to increase the effectiveness of pandemic response.

V. RESPONSIBILITIES

A. Department of Health and Environmental Control – Region 3

1. Prepare for pandemic influenza event by coordinating with other first responder and supporting agencies for their participation in exercises.

2. Communicate health advisories, alerts and updates through the Health Alert Network.

3. Communicate educational messages regarding influenza prevention and surveillance to the media and the public.

4. Conduct Outpatient Influenza-Like Illness Sentinel Provider Surveillance.

5. Communicate Influenza-Like Illness surveillance data as appropriate.

6. Conduct Sentinel Laboratory Surveillance for viral isolates.

7. Conduct Rapid Diagnostic Testing Surveillance.

8. Develop plans for storage, distribution, and administration of pandemic influenza vaccine through public health and other providers to nationally defined high-priority target groups – these plans should include:

   a. mass immunization clinic capability within Public Health Region 3;

   b. locations of clinics (e.g., county health departments, pharmacies, work place, military facilities, colleges and universities);

   c. vaccine storage capability, including current and potential contingency depots for both county and region-level storage;

   d. numbers of staff needed to run immunization clinics;

   e. procedures to deploy staff from other areas, from within and outside public health, to assist in immunization;

   f. advanced discussions with professional organizations regarding tasks outside routine job descriptions during a pandemic;

   g. training for deployed staff; and

h. measures to be taken to prevent distribution to persons other than those in the targeted population groups. (See Cities Readiness Initiative (CRI)/Strategic National Stockpile [SNS] Plan).

9. SCDHEC Central Office through the Pandemic Influenza Mass Vaccination Policy will determine how receipt of vaccine will be recorded and how a two-dose immunization program would be implemented in terms of necessary recall and record keeping procedures.

10. Adhere to SCDHEC's Pandemic Influenza Mass Vaccination Policy. (See Attachment A).

11. Determine the number of people within Region 3 who fall within each of the targeted population groups for vaccination.

12. Coordinate through Emergency Support Function (ESF)-8 the capacity of suppliers for direct shipping of vaccine and other medications to public health clinics.

13. Develop plans for vaccine and antiviral and countermeasure security:

    a. during transport,

    b. during storage, and

    c. at clinics.

14. Coordinate proposed vaccine distribution plans with bordering Public Health Regions and States.

15. Participate in the enhancement of Vaccine Adverse Event Surveillance.

16. Develop Pandemic Influenza Antiviral Distribution Plan in coordination with the State Pandemic Influenza plan and the State and Region SNS plan.

17. Obtain and maintain a current inventory of available antiviral medication and other pandemic influenza countermeasures and medical equipment/supplies of health care providers (i.e. hospitals, clinics, pharmacies).

18. Establish Memoranda of Agreement (MOA) with agencies, organizations and individuals capable of providing assistance in obtaining and distributing medication and other pandemic influenza countermeasures.

19. Develop plans for the distribution and dispensing of Pandemic influenza antivirals and other CDC approved countermeasures in conjunction with the SNS assets.

20. Follow SCDHEC Central Office's protocols for monitoring and enforcing quarantine measures.

21. Establish plans for diverting patients who require supportive but not advanced level care to non-traditional facilities, known in Region 3 as ACS's.

22. Establish and maintain a database of potential alternate non-traditional medical facilities or ACS's and services to which patients could be diverted during a pandemic.

23. Disseminate public information about the appropriate use of personal protective equipment like disposable masks that could be used during a pandemic.

24. Follow SCDHEC Central Office's definition of risk groups by potential risk of exposure and develop guidelines and recommendations for the use of personal protective equipment by individual risk group or potential exposure setting.

25. Recruit medical volunteers through the Medical Reserve Corps for provision of care and vaccine administration to augment medical, nursing, and other healthcare staffing. Volunteer activities for disease containment will include administering antivirals or vaccinations.

26. Coordinate Public Health Orders and plans with bordering regions and states, including isolation and quarantine orders and orders related to social distancing and community containment measures.

27. Confirm that SCDHEC Public Health Region 3's emergency operations plan incorporates the capability to employ the recommended disease containment activities.

28. Upgrade surveillance reporting requirements as necessary.

29. Expand surveillance network during response phase.

30. Promote pneumococcal vaccination of high-risk groups to reduce the incidence and severity of secondary bacterial pneumonia.

31. Confirm that notification lists are current for local agencies, the medical community, and decision makers.

32. Follow SCDHEC Central Office's guidelines for recommending implementation of specific community containment and social isolation actions.

33. Communicate messages to the public on the home care of pandemic influenza patients.

34. Confirm that the database for the Health Alert Network is current.

35. Disseminate influenza isolation, quarantine and social distancing guidelines.

36. Upon notice to SCDHEC of a suspect case of pandemic influenza, proceed with surveillance and case investigation of suspect case, including laboratory confirmation of diagnosis; as well as close contact investigation.

37. Conduct initial availability assessment of supplies (e.g., syringes, adrenalin, sharps disposal units), equipment and locations potentially required for a vaccine-based response (i.e., mass immunization clinics). (See CRI/SNS Plan).

38. Develop a list of currently qualified vaccinators and sources of potential vaccinators.

39. Review educational materials concerning administration of vaccines and antivirals and update as needed.

40. Communicate disease prevention, control, and containment guidelines for physicians providing care during a pandemic to address the provision of basic medical treatment in non-hospital settings.

41. Communicate clinical guidelines for physicians and Emergency Medical Services personnel to direct patients to the appropriate level of care based on their clinical presentation.

42. Communicate, through Unified Medical Command, processes for patient assessment, communication between facilities, and direction of patients to available beds.

43. Communicate, through Unified Medical Command, triage logistics with hospitals and Emergency Medical Services including patient assessment, communication between facilities, and direction of patients to available beds.

44. Review and modify if necessary, plans for storage, distribution, and administration of pandemic influenza vaccine through public health and other providers to high-priority target groups.

45. Ensure staff is trained and infrastructure is in place to record immunizations, including requirements for a two-dose immunization program (i.e., recall and record keeping procedures).

46. Review estimates of the number of people who fall within each of the targeted population groups for vaccination (i.e., high-risk groups, health care workers, emergency service workers, specific age groups).

47. CDC determines the most clinically effective strategies for use of antiviral drugs.

48. Communicate to providers who have signed the MOA with Region 3 if and when the state government:

    a. authorizes the release of the joint state/federal purchased antivirals;

b. begins shipment of the SC allocation of federally purchased antivirals and other CDC approved countermeasures;

c. determines commercially available supplies are sufficient.

49. As necessary, distribute antivirals and other CDC approved countermeasures in accordance with the Pandemic Influenza Antiviral Distribution plan and the SNS plan.

50. If appropriate, activate Memoranda of Agreement with agencies, organizations and individuals capable of providing assistance during a pandemic influenza.

51. Coordinate disease control activities with vaccination activities to ensure vaccination of essential workers and population who are either at high risk of spreading the influenza virus or who provide essential community service.

52. SCDHEC Central Office advises the Governor and Region 3 on:

a. the most appropriate community-based infection control methods during the time period when no vaccines are yet available,

b. school closures (recommendation from the school closure executive committee).

c. the most appropriate distribution priorities and systems during time when there is insufficient supply of vaccines and prioritization of distribution is necessary;

d. the most appropriate uses of antiviral drugs during the time before vaccine is available; and

e. planning for expansion of the medical care system to meet the surge in demand for care.

f. whether the threat of a public health emergency, as defined in Section 44-4-130, is imminent.

Region 3 will communicate information to appropriate partners through UMC.

53. Communicate precautions needed for disposition of deceased persons.

54. Prepare for resumption of enhanced surveillance of school student and administrative absenteeisms.

55. Purchase vaccine if necessary.

56. Activate immunization clinic capability.

57. Implement streamlined Vaccine Adverse Event surveillance.

58. Arrange for direct shipping of vaccine to public health clinics.

59. Communicate with bordering states and regions to facilitate awareness of the vaccine distribution plan and coordination of efforts as much as possible.

60. Collect and compile reports of total people immunized with one or two doses.

61. Monitor vaccine supply, demand, distribution, and uptake.

62. Expand vaccine programs to cover population not yet immunized.

63. Summarize and report coverage data (with one or two doses) and Vaccine Adverse Event data.

64. Examine vaccine efficacy.

65. Restock supplies and resume routine programs.

66. Review and revise policies, procedures and standing orders used during the mass immunization campaigns.

67. Provide or coordinate obtaining pharmaceuticals other than vaccines.

68. Implement restrictions on travel, trade, and the prohibition of large public gatherings. Non-essential businesses that may result in large congregations of people will be closed as will schools and other public meetings will be suspended.

69. Enforce isolation and quarantine measures.

70. Make decisions in coordination with Animal Emergency Response Agencies regarding culling infected animal populations or other animal disease containment activities during a pandemic.

71. Communicate to medical community, the media and the general public regarding status of pandemic.

72. Support studies of morbidity and mortality data, attack rates in SC.

73. Follow recommendations from SCDHEC Central Office to lift/revoke public health orders that are no longer necessary.

74. Support post-pandemic studies to assist in evaluations of the pandemic influenza response capacities and coordinated activities.

75. Evaluate effectiveness of statutory and regulatory authorities related to pandemic response.

76. Recommend efforts to amend statutory and regulatory authorities to increase the effectiveness of pandemic response.

77. Communicate with the public regarding the potential impact and what to expect during a pandemic.

78. Maintain vital records services (provides for the registration, correction and certification of births, deaths, marriages, and divorces).

79. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

B. Region 3 Unified Medical Command

1. Prepare for pandemic influenza events by coordinating with other first responder and supporting agencies for their participation in exercises.

2. Participate in pandemic influenza exercises, at least annually, to validate this plan and supporting Standard Operating Procedures (SOP's).

3. Maintain the Region 3 Pandemic Influenza Plan including alert list of appropriate mass casualty organizations and disaster response personnel.

4. Evaluate and coordinate necessary revisions to Pandemic Influenza Plan with Region 3 Unified Medical Command member agencies/organizations.

5. Provide guidance and consultation to local government in developing and maintaining a local mass casualty capability and capacity for pandemic influenza.

A. **Region 3 Unified Medical Command Member Hospitals**

a. Palmetto Health Baptist

1. Participates in pandemic influenza exercises, at least annually, to validate this plan and supporting SOPs.

2. Establishes and maintains policies, procedures, Memorandum of Agreements to administer pandemic influenza vaccine and antiviral medications to priority target groups.

1. Establishes and maintains plans for surge capacity. (See ACS Plan as Annex 2 to Region 3's Mass Casualty Response Plan).

1. Establishes and maintains plans for safe and appropriate disposal of medical waste as recommended by public health authorities.

5. Assists with surge capacity management and routing of ambulance services. Hospital census data will be gathered and tracked through UMC.

6. Participates in regional and state surveys to assess training, equipment and other pandemic influenza emergency response needs.

1. Notifies Region 3 Disease Surveillance and Response Coordinator (DSRC) of patient presenting suspicious symptoms consistent with case definition of pandemic flu.

2. Participates in the Unified Medical Command and support organizations to compile and exchange information concerning the extent of the outbreak and status of response operations. Information will be provided through the Unified Medical Command to county EOC.

3. Administers influenza vaccine and antivirals to defined high-priority target groups.

10. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

a. Palmetto Health Richland – Same as 3. a. above.

b. Sisters of Charity Providence – Same as 3. a. above.

c. Sisters of Charity Providence North East – Same as 3.a. above.

d. Lexington Medical Center – Same as 3.a. above.

e. Fairfield Community Hospital – Same as 3.a. above.

f. Newberry Community Hospital – Same as 3.a. above.

g. Piedmont Medical Center – Same as 3.a. above.

h. Springs Memorial Hospital – Same as 3.a. above.

i. Chester Regional Medical Center – Same as 3.a. above.

j. Veteran's Administration Dorn Medical Center – The degree of involvement with Region 3 UMC member agencies to conduct exercises and other preparedness strategies will be determined on a case by case basis.

k. Moncrief Army Community Hospital – The degree of involvement with Region 3 UMC member agencies to conduct exercises and other preparedness strategies will be determined on a case by case basis.

D. Emergency Medical Services - (See also basic Region 3 Mass Casualty Response Plan, ACS Annex, and County Emergency Operations Plans (EOP).

1. EMS provides initial triage, provides medical treatment to the ill, stabilizes the seriously ill, transports patients and augments hospital services.

2. Emergency medical personnel must determine whether persons with suspected symptoms can be safely transported or must be left (quarantined) pending arrival of appropriate assistance. If transported, protocol will be followed for ensuring cross contamination of the medical facility does not occur.

3. Ambulances and/or any emergency vehicle that is contaminated during emergency operations will be decontaminated/disinfected prior to use.

4. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

E. Law Enforcement/Public Safety Departments - (See also basic Region 3 Mass Casualty Response Plan, ACS Annex, and County Emergency Operations Plans (EOP).

1. Prepare for mass casualty events by coordinating with other first responder and supporting agencies for their participation in planning and exercises.

2. Law enforcement ensures public safety and facilitates response and recovery activities, security and access control measures in and around the treatment sites (hospitals) dispensing centers (clinics) and pharmaceutical warehouse operations.

3. Participate in the development of plans for vaccine and antiviral and countermeasures security, traffic control and crowd control at treatment sites and dispensing centers.

   a) During transport,

   b) During storage, and

   c) At treatment sites and dispensing centers.

4. Assist with vaccine and antiviral and other countermeasures security

   a) During transport,

   b) During storage, and

   c) At treatment sites and dispensing centers

5. Assist with distribution and enforcement of public health orders to include, quarantine measures and restrictions on travel.

6. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

F. Department of Mental Health - (See also basic Region 3 Mass Casualty Response Plan, ACS Annex, and County Emergency Operations Plans (EOP).

1. Coordinate the delivery of crisis counseling services.

2. Provide mental health staff to support pandemic influenza i.e. crisis counseling response teams, mental health assessment and referral services for pandemic influenza victims and worried well.

3. Communicate with the member agencies and other supporting organizations to compile and exchange information concerning the extent of the pandemic and the status of response operations.

4. Through the county ESF 8 Liaison, coordinate to ensure operational coordination in pandemic disaster response support of mental health services to local entities.

5. Keep the public informed of available mental health assistance programs, in coordination with Emergency Operations Center (EOC) support agencies and organizations.

6. Collect, compile, and maintain all essential information, generate reports and records concerning pandemic influenza disaster response.

7. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

G. Department of Social Services - (See also basic Region 3 Mass Casualty Response Plan, ACS Annex, and County Emergency Operations Plans (EOP).

1. Prepare for mass casualty events by coordinating with other first responder and supporting agencies for their participation in planning and exercises.

2. Ensure continuity of operations by providing feeding operations and managing other assistance programs (i.e. quarantine, Special Medical Need Shelters).

3. Assist with crisis counseling needs.

4. Assist with orphaned children or other children needing care, persons with special physical and/or mental needs, language barriers, etc. as necessary.

5. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

H. Department of Education (School Districts and Individual Schools) - (See also basic Region 3 Mass Casualty Response Plan, ACS Annex, and County Emergency Operations Plans (EOP).

1. Prepare for pandemic influenza events by coordinating with other

first responder and supporting agencies for their participation in planning and exercises.

2. Ensure continuity of operations.

3. Assist with the development of plans for the transportation of vaccine, antivirals, and other countermeasures.

4. Assist with storage and transportation assets for vaccine, antivirals, and other countermeasures.

5. Develop a pandemic influenza plan that prepares teachers, students and parents for the impact that will result from a pandemic influenza.

6. Assist with early detection of a pandemic influenza by reporting large numbers of absences to the local health department.

7. In cooperation with SCDHEC Region 3, train teachers to teach basic personal hygiene practices that help reduce the transmission of influenza.

8. Teach students personal hygiene practices that help reduce the transmission of influenza in the school and at home.

9. Assist with the communication of the need for school closures to prevent the spread of disease.

10. Assist with designating of school facilities for non-traditional health care facilities and dispensing sites when needed.

11. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

I. County Emergency Management - (See also basic Region 3 Mass Casualty Response Plan, ACS Annex, and County Emergency Operations Plans (EOP).

1. Prepare for mass casualty events by coordinating with other first responder and supporting agencies for their participation in planning and exercises.

2. In a pandemic influenza, the county emergency management department coordinates closely with SCDHEC Region 3 via Unified Medical Command for coordination of the county response logistics and deployment of available assets throughout

pandemic influenza phases.

3. Identify requirements of the incident.

4. Activate the EOC to gather information about the impact of the pandemic, serve as a point of contact for affected departments and agencies, establish communication links, support deployment of appropriate state resources, and serve as the initial coordination point for state and federal activity until a joint information center is established.

5. Mobilize, deploy, and coordinate resources to impacted areas in support of the public health response to assist with lifesaving and life protection efforts.

6. If requested by public health, notify the public of pandemic influenza impact as appropriate and advise the population at risk of the necessary protective actions to take.

7. In accordance with Region 3 Unified Medical Command, assist in maintaining modes of communication between health care facilities for direction of patients.

8. Assist in maintaining modes of communications for providing isolation and quarantine guidelines.

9. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

J. Volunteer/Civic Organizations - (See also basic Region 3 Mass Casualty Response Plan, ACS Annex, and County Emergency Operations Plans (EOP).

1. Provide voluntary services as directed by the respective county EOC to support pandemic influenza operations, i.e. emergency comfort stations at mass vaccination/dispensing sites, transportation for ambulatory patients, community outreach, etc.

2. Communicate with the Region 3 Unified Medical Command member agencies and other supporting organizations to compile and exchange information concerning the status of response operations.

3. Educate the public and disseminate information from appropriate government sources about the nature and impact of the event, including preparedness measures, safety precautions, recommended actions and assistance sources.

4. Appeal for volunteers. Make public announcements about the specific needs for volunteers, including health and mental health care professionals.

5. Provide support for pandemic influenza emergency response. Services may include sheltering, feeding, blood supplies, emergency welfare support or family assistance.

6. Support county relief efforts through ESF 8 during a pandemic influenza outbreak.

7. Provide food for emergency medical workers, volunteers, and patients, if requested.

8. Agencies may be required to provide after action reports, situational reports or other support documentation to Unified Medical Command.

K. Fire - (See also basic Region 3 Mass Casualty Response Plan, ACS Annex, and County Emergency Operations Plans (EOP).

1. Prepare for pandemic influenza events by coordinating with other first responder and supporting agencies for their participation in planning and exercises.

2. Continue coordination of fire suppression services, hazardous materials management including on-site management and decontamination and search and rescue operations throughout the pandemic emergency response.

3. Assist with patient transport.

4. Coordinate with hospital and private contractors for providing disposal of medical hazardous waste generated through influenza response activities.

5. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

L. Community Health Centers

1. Establish and maintain memorandum of agreements with DHEC to administer pandemic influenza vaccine and antiviral medications to priority target groups.

2. Administer pandemic influenza antivirals to defined high-priority

groups.

3. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

M. Public Works/Utilities

1. Prepare for pandemic influenza events by coordinating with other first responder and supporting agencies for their participation in planning and exercises.

2. Public works may be called upon to support essential services provided by the county such as solid waste collection, water and sewer.

3. Ensure continuity of operations.

4. Assist with control of roads and transportation to support disease containment efforts.

5. Utility providers of public water supplies will maintain a current continuity of operations plan that will detail the most essential services to ensure the provision of water. This will be accomplished by training employees from non-essential services in the roles of those essential service providers to ensure continuity of operations.

6. Utility providers of public electrical power will maintain a current continuity of operations plan that will detail the most essential services to ensure the provision of electricity. This will be accomplished by training employees from non-essential services in the roles of those essential service providers to ensure continuity of operations.

7. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

N. Rescue

1. Prepare for mass casualty events by coordinating with other first responder and supporting agencies for their participation in planning and exercises.

2. Assist with the recovery, transportation and identification of bodies.

3. Ensure continuity of operations.

4. Agencies may be required to provide after action reports,

situational reports or other support documentation to Region 3 Unified Medical Command.

P. Public Information

1. Prepare for mass casualty events by coordinating with other first responder and supporting agencies for their participation in planning and exercises.

2. Ensure continuity of operations.

3. Assist with communication of educational messages to the public regarding the conditions the public can expect to experience during a pandemic.

4. Communicate educational messages regarding influenza prevention, surveillance and treatment to the media and the public.

5. Disseminate public information about disease prevention measures.

6. Communicate restrictions on travel, trade, and the prohibition of large public gatherings.

7. Maintain rumor control.

8. Communicate precautions and instructions for the handling of deceased persons.

9. Communicate to the medical community, the media and the general public regarding status of pandemic.

10. Communicate the lifting/revocation of public health orders that are no longer necessary.

11. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

Q. Animal Control

1. Prepare for pandemic influenza events by coordinating with other first responder and supporting agencies for their participation in planning and exercises.

2. Ensure continuity of operations.

3. Coordinate with ESF-8 about culling infected animal populations or other animal disease containment activities during a pandemic.

4. Identify and address needs of abandoned animals, both pets (large and small) and farm animals.

5. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

R. County Coroner

1. Coordinates the county response with the S.C. Coroners' Association.

2. Develops a mass fatality plan that will manage the projected number of fatalities that may result from pandemic influenza.

3. Participates in pandemic influenza exercises or pandemic influenza exercises and tests mass fatality plan.

4. Coordinates temporary morgue operations and final disposition of deceased persons.

5. Assists with documentation and record keeping relevant to pandemic influenza related mortality.

6. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

S. County Funeral Directors' Association

1. Coordinate a county response with the S.C. Funeral Directors' Association.

2. Assist county coroner with the development of a mass fatality plan that will manage the projected number of fatalities that may result from pandemic influenza.

3. Assist county coroner with temporary morgue operations and final disposition of deceased persons.

4. Assist with coordination of next of kin notification operations.

5. Assist with documentation and record keeping relevant to pandemic influenza related mortality.

6. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

T. Department of Natural Resources

1. Participate in the development of plans for vaccine and antiviral and other countermeasures security, traffic control and crowd control at treatment sites and dispensing centers.

   a) During transport

   b) During storage, and

   c) At treatment sites and dispensing centers.

2. Assist with vaccine and antiviral and other countermeasures security

   d) During transport

   e) During storage, and

   f) At treatment sites and dispensing centers.

3. Assist with distribution and enforcement of public health orders to include, quarantine measures and restrictions on travel.

4. In the early phases of the pandemic, identify and assess migratory fowl disease threats related to public health issues that may contribute to pandemic influenza spread.

5. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

A. Clemson University Livestock and Poultry Health - Identify and assess livestock disease threats and animal related public health issues that may contribute to pandemic influenza spread. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

B. Metropolitan Medical Response System (**MMRS) -** (See also basic Region 3 Mass Casualty Response Plan, ACS Annex, and County Emergency Operations Plans (EOP).

1. Provide MMRS assets as directed by the county EOC and/or Region 3 UMC to support operations relating to pandemic influenza event.

2. Communicate with the Region 3 Unified Medical Command member agencies and other supporting organizations concerning the extent of the event and the status of response operations.

3. Through the county EOC and Region 3 UMC, communicate to ensure operational coordination in the pandemic influenza response support to local entities.

4. Collect, compile, and maintain all essential information, generate reports and records concerning MMRS support for the pandemic influenza response.

5. Participate in regional mass casualty response planning with regional hospitals, DHEC Region 3 and other first responders.

6. Agencies may be required to provide after action reports, situational reports or other support documentation to Region 3 Unified Medical Command.

VI. FEDERAL INTERFACE

The Department of Health and Human Services is the principal Federal agency for protecting the health of all Americans. State response operations will interface with Federal response assets through ESF-8 and through liaison between the State Department of Health and Environmental Control and the Centers for Disease Control and Prevention. The Centers for Disease Control and Prevention will also facilitate guidance and information flow between the State of South Carolina and the World Health Organization, which would have significant involvement during an Influenza Pandemic.

Once the World Health Organization declares Phase 4 of an influenza pandemic, the Director of the CDC on consultation with the Secretary of HHS, or his/her designee, will determine when to activate the SNS to begin the distribution of medical materiel based on the WHO Phase characterization and the severity of the disease; no state request will be necessary to launch the distribution of the medical countermeasures. These medical assets will arrive in three deployments, each taking approximately 7 to 10 days to arrive.

Liaison between the State Emergency Operations Center and the Department of Homeland Security will provide access to additional Federal health and medical assets.

VII. STATE INTERFACE

The Department of Health and Environmental Control is the principal State agency for protecting the health of South Carolina citizens. State response operations will interface with Region response assets through ESF-8 and through the liaison between the State Department of Health and Environmental Control and State and County Emergency Management Agencies. The liaison between the State Emergency Operations Center and the Department of Homeland Security will provide access to additional Federal health and medical assets.

VIII. LOCAL INTERFACE

Region 3 of SCDHEC is charged with the coordination of local public health and medical emergency response efforts for the counties of Chester, Fairfield, Lancaster, Lexington, Newberry, Richland, and York. It will serve to interface between counties and the State Department of Health and Environmental Control.

IX. ATTACHMENTS

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